Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled <u>Medical Dispute Resolution-General</u>, and 133.307, titled <u>Medical Dispute Resolution of a Medical Fee Dispute</u>, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8/01/03.

I. DISPUTE

Whether there should be reimbursement for date of service 1/29/03. The carrier denied reimbursement as "D – Duplicate bill."

II. RATIONALE

Correspondence dated 8/23/03 indicates Respondent is unsure if this "is a duplicate bill or at the best concurrent care per MFG/EM Ground Rule II…" Respondent failed to provide convincing evidence reflecting CPT code 99204 had been previously billed and paid for under the facility name (PRIDE) and TX ID.

The Requestor billed $106.00 for CPT code 99204 for a Physical Therapy Initial Evaluation. Pursuant to the MFG Medicine Ground Rule (I)(A)(7), the physical or occupational therapist's initial evaluation is limited to CPT codes 99202, 99203 and 99204 depending on the level of service provided. The Requestor submitted a Physical Therapy Initial Evaluation from the physical therapist. In this case, the Requestor has billed correctly. Reimbursement is recommended in the amount of $106.00.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is entitled to reimbursement for CPT code 99204 in the amount of $106.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit $106.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order is hereby issued this 22nd day of March 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd